



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7390

<b>SERIAL NUMBER</b> 09/450,262	<b>FILING DATE</b> 11/29/1999 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2768	<b>ATTORNEY DOCKET NO.</b> 1018.045US1
------------------------------------	---	---------------------	-------------------------------	---

**APPLICANTS**

DAVID E. HECKERMAN, BELLEVUE, WA;  
DAVID MAXWELL CHICKERING, REDMOND, WA;  
DANIEL ROSEN, BELLEVUE, WA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

**IF REQUIRED, FOREIGN FILING LICENSE**  
**GRANTED \*\* 01/10/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

HIMANSHU S AMIN  
AMIN & TUROCY LLP  
24TH FLOOR NATIONAL CITY CENTER  
1900 EAST 9TH STREET  
CLEVELAND ,OH 44114

**TITLE**

TRANSMISSION OF INFORMATION DURING AD CLICK-THROUGH

<b>FILING FEE RECEIVED</b> 838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/450,262	11/29/99	705	2768	1018.045US1

APPLICANT

DAVID E. HECKERMAN, BELLEVUE, WA; DAVID MAXWELL CHICKERING, REDMOND, WA;  
DANIEL ROSEN, BELLEVUE, WA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED *None*  
*D.L.*

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED *None*  
*D.L.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/10/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<i>D.L.</i> Examiner's Initials	WA	5	20	4

ADDRESS

MICHAEL A. DRYJA ESQ  
LAW OFFICES OF MICHAEL DRYJA  
704 228TH AVENUE NE  
PMB 694  
REDMOND WA 98053

TITLE

TRANSMISSION OF INFORMATION DURING AD CLICK-THROUGH

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$838		